

# options



## quick start summary 2016 annual benefits enrollment

Welcome to annual benefits enrollment for your County of Los Angeles *Options* benefits program.

Annual benefits enrollment is October 1 through October 31, with your benefit elections taking effect January 1, 2016.

### Highlights for 2016

#### Premium Rates

County employees may see an increase in their monthly benefit allowance to help offset monthly premium rate increases. Any change to the *Options* monthly benefits allowance will be announced once County and union negotiations are finalized.

Annual benefits enrollment ends on October 31 and will not be extended, even if a change in the *Options* benefits allowance is announced after annual enrollment.

You can find the premium rates for the new plan year on the Personalized Enrollment Worksheet you received with this summary.

#### You Must Take Action if You Waive or Decline *Options* 2016 Medical Coverage

If you have medical coverage through your spouse/domestic partner's employer-sponsored medical plan, another employer-sponsored medical plan, veteran benefits, Medicare, individual insurance policy, or through the state, federal or private marketplace, you may be able to waive or decline *Options* medical coverage in 2016.

You MUST provide proof of your other medical coverage each year during annual benefits enrollment. If you do not submit new or updated information, or if your form is not approved, you will be automatically enrolled in Kaiser Permanente HMO for 2016; you will not be able to waive or decline again until 2017.

For more information and instructions, see page 3 of your 2016 Enrollment Highlights Guide included with this summary.

#### Medical Coverage Protection/Long-Term Disability (LTD) Health Insurance

You can enroll in 100% LTD health insurance every two years. Check your Personalized Enrollment Worksheet to see if you are eligible this year. See page 5 of the Enrollment Highlights Guide for eligibility rules.

#### Coverage for Eligible Dependents

If you add or remove dependents from your coverage, or change medical plans, you must submit the required documentation shown in the table below. See page 2 of the Enrollment Highlights Guide for dependent eligibility requirements.

SCENARIO	REQUIRED ACTION
Adding dependents removed during Dependent Eligibility Verification (DEV)	If you add a dependent who was removed through the verification process, you must provide the documents required during the DEV, including proof of current relationship status for a spouse or domestic partner.
Switching medical plans	Provide Social Security numbers (SSN) for all eligible family members.
Adding eligible family members	Provide SSNs and required documents (birth/adoption/marriage certificate, etc.) within 10 calendar days from the date you enroll. Your children must be under age 26. <sup>1</sup>
Family member not eligible for coverage	You must drop coverage for an individual who is no longer eligible (such as when you divorce or end a domestic partnership).

<sup>1</sup> Under age 18 for legal guardianship.

#### Spending Accounts

You must enroll during annual benefits enrollment if you want to participate in a Health Care or Dependent Care Spending Account in 2016. Your enrollment will not carry over to the next year.

If you are enrolled in the Health Care Spending Account and you do not claim all the monies you contribute for 2015, you can carry over up to \$500 of your balance to 2016.

For more information on Spending Accounts, see page 6 of the Enrollment Highlights Guide, or check out the Spending Account eMagazine on the homepage at [mylacountybenefits.com](http://mylacountybenefits.com).



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# easy as 1...2...3 (and 4)

## 1. Decide if you want to enroll or make changes

- Annual benefits enrollment is your chance to enroll in or change medical and dental plans as well as optional benefits, such as life, medical coverage protection (long-term disability health insurance), and accidental death and dismemberment insurance.
- Review your enrollment materials and your Personalized Enrollment Worksheet and use the information and tools available at **mylacountybenefits.com**.
- You must take action (enroll) every year to:
  - Waive/decline medical coverage.
  - Participate in a Health Care and/or Dependent Care Spending Account.
- If you make no changes, all current benefits will continue at 2016 premium rates **except** Health Care or Dependent Care Spending Accounts and waiving/declining medical coverage.

## 2. Get ready to enroll

- You are required to provide Social Security numbers (SSN) if you add eligible family members, or if you switch medical plans and your eligible family members' SSNs were not previously provided.
- Gather birth certificates and/or marriage certificate for family members you add to coverage.
- Visit **mylacountybenefits.com** to find helpful tools such as benefits and enrollment tutorials and Spending Account calculators.

## 3. Enroll October 1 through October 31, 2015

### Online – mylacountybenefits.com

- Log in using your employee number and PIN (see your Personalized Enrollment Worksheet for your PIN).
- Follow the Enrollment Steps.
- Click the yellow confirmation button.
- Print your confirmation statement before logging off. If you cannot print, write down your confirmation number shown on the "Thank You" page.

### By phone – 888-822-0487

- Follow the recorded instructions.
- Do not hang up until you hear "Your benefit elections have been confirmed and recorded," and have written down your confirmation number.
- If you do not receive a confirmation statement in the mail within seven days from the date you enroll, call the Benefits Hotline at 213-388-9982.

Provide all required documentation to the County Benefits Plan Administrator within 10 calendar days from the date you enroll to guarantee coverage. If you add a dependent, please write your name, employee number, and your dependent's SSN on each document or certificate. You may submit your documents (or scanned files for upload or email) by:

- **Computer upload:** Use the "Upload" link in the "Documentation Required" section of your Enrollment Homepage
- **Email:** Attach scanned documents to email and send to **documents@mylacountybenefits.com**
- **Fax:** 310-788-8775
- **Mail:** Benefits Plan Administrator, P.O. Box 67128, Los Angeles, CA 90067

## 4. Other important information

- Review your 2016 benefits confirmation statement to ensure accuracy.
- You may not change your benefits after October 31, 2015, until the next annual benefits enrollment period.  
**Note:** Mid-year coverage changes are allowed only for a qualified change in family status (e.g., marriage, divorce, birth, or adoption) or work situation that affects your benefits.
- **You MUST remove an ex-spouse, ex-domestic partner, and any other ineligible family members from your medical and dental coverage.** See the dependent eligibility section (page 2) in the *Options Enrollment Highlights Guide* for more information.
- The County reserves the right to take appropriate action against anyone who knowingly presents a false or fraudulent claim under the Plan, or who otherwise attempts to defraud the Plan, including (but not limited to) termination from participation in the Plan and of employment.
- If you have questions, call the Benefits Hotline Monday through Friday, 8 a.m. to 4 p.m., at 213-388-9982. During annual benefits enrollment, hours are extended to 5 p.m. and include Saturday, October 31, from 8 a.m. to 4 p.m.